

Revision: HCFA-PM-93-5 (MB)  
MAY 1993

State: LOUISIANA

Citation

3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902(a)(10)(E)(i) and  
1905(p)(1) of the Act

(i) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A, through the group premium payment arrangement, unless the agency has a Buy-in agreement for such payment, as indicated below.

Buy-In agreement for:

Part A ☒ Part B

The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

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TN No. 93-29

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Citation

1902(a)(10)(E)(ii)  
and 1905(s) of the Act

(ii) Qualified Disabled and Working  
Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iii)  
and 1905(p)(3)(A)(ii)  
of the Act

(iii) Specified Low-Income Medicare  
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iv)(I),  
1905(p)(3)(A)(ii), and  
1933 of the Act

(iv) Qualifying Individual-1  
(QI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act.

1902(a)(10)(E)(iv)(II),  
1905(p)(3)(A)(ii), and  
1933 of the Act

(v) Qualifying Individual-2  
(QI-2)

The Medicaid agency pays the portion of the amount of increase to the Medicare Part B premium attributable to the Home Health Provision to the individuals described in 1902(a)(10)(E)(iv)(II) and subject to 1933 of the Act.

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(b) Deductibles/Coinsurance

(1) Medicare Part A and B

1902(a)(30), 1902(n),  
1905(a), and 1916 of the Act

Supplement 1 to ATTACHMENT 4.19-B  
describes the methods and standards for  
establishing payment rates for services  
covered under Medicare, and/or the  
methodology for payment of Medicare  
deductible and coinsurance amounts, to the  
extent available for each of the following  
groups.

Sections 1902  
(a)(10)(E)(i) and  
1905(p)(3) of the Act

(i) Qualified Medicare Beneficiaries  
(QMBs)

The Medicaid agency pays Medicare  
Part A and Part B deductible and  
coinsurance amounts for QMBs  
(subject to any nominal Medicaid  
copayment) for all services  
available under Medicare.

1902(a)(10), 1902(a)(30),  
and 1905(a) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays for  
Medicaid services also covered under  
Medicare and furnished to recipients  
entitled to Medicare (subject to any  
nominal Medicaid copayment). For  
services furnished to individuals  
who are described in section  
3.2(a)(1)(iv), payment is made as  
follows:

42 CFR 431.625

— For the entire range of  
services available under  
Medicare Part B.

X Only for the amount, duration,  
and scope of services otherwise  
available under this plan.

1902(a)(10), 1902(a)(30),  
1905(a), and 1905(p)  
of the Act

(iii) Dual Eligible--QMB plus

The Medicaid agency pays Medicare  
Part A and Part B deductible and  
coinsurance amounts for all services  
available under Medicare and pays  
for all Medicaid services furnished  
to individuals eligible both as QMBs  
and categorically or medically needy  
(subject to any nominal Medicaid  
copayment).

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DATE REC'D <u>MAR 16 1993</u>	
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Citation

Condition or Requirement

1906 of the  
Act

(c) Premiums, Deductibles, Coinsurance  
and Other Cost Sharing Obligations

The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans.

When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).

1902(a)(10)(F)  
of the Act

(d) ☐ The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.

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